

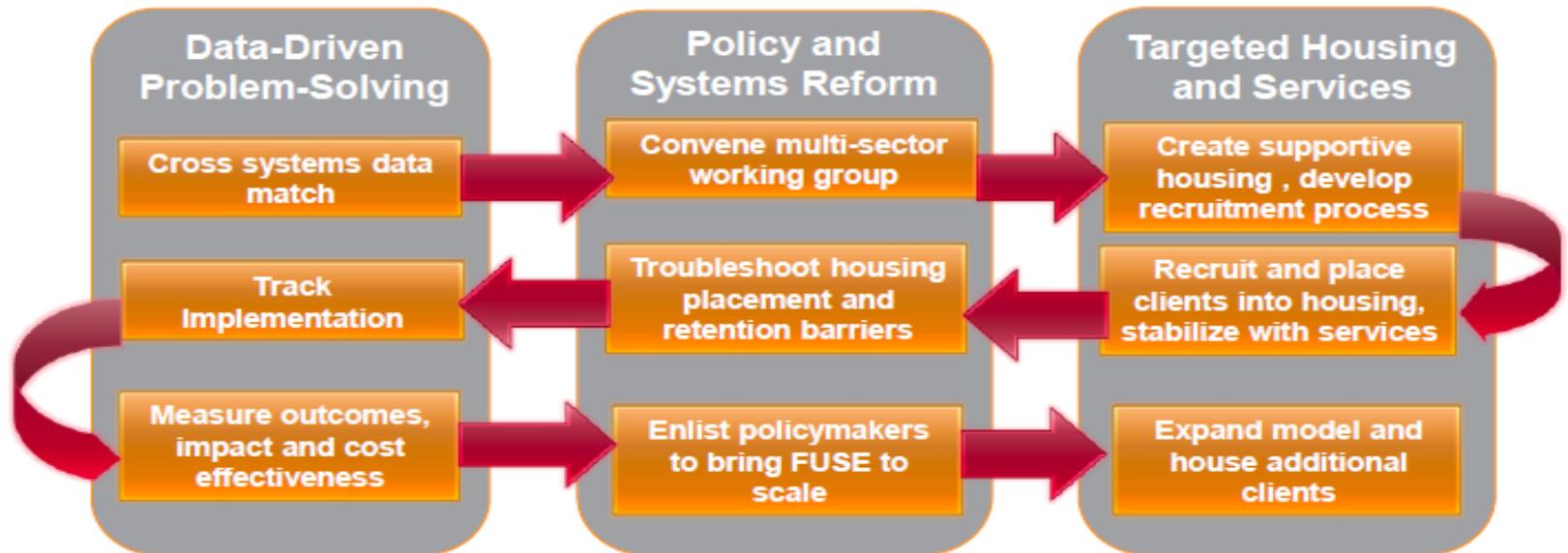
Using Data to drive policy change

National Case Study



High Utilizers

Communities spend billions of dollars on services that bounce vulnerable people between crisis services. CSH's *FUSE model* helps break that cycle while increasing housing stability and reducing multiple crisis service use.



csh.org/fuse

Examples from the field

SIF, LA, the Bronx





CSH Social Innovation Fund

What was evaluated?

A 5-year national demonstration of supportive housing linked to coordinated health care for high utilizers of crisis health services

Who were the grantees?

Connecticut

- AIDS CT
- Columbus House
- Supportive Housing Works
- Journey Home Inc
- New London Homeless Hospitality Center

Los Angeles

- Economic Roundtable
- Housing Works
- Ascencia
- Homeless Health Care LA

San Francisco

- Tenderloin Neighborhood Development Corporation

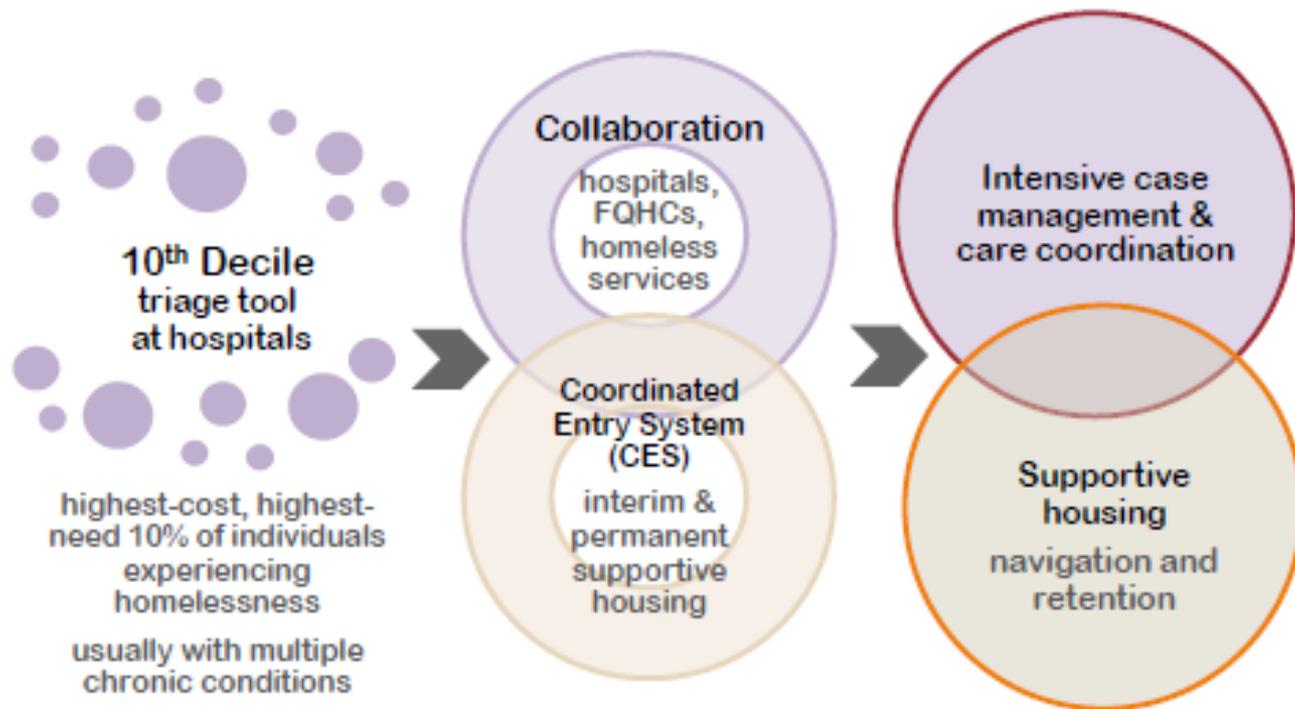
Washtenaw, MI

- Catholic Social Services
- Avalon Housing

Who were the evaluators?

Multi-disciplinary team from NYU, led by PI Beth Weitzman, PhD

FUSE: 10th Decile Project Model



FUSE Outcomes in Los Angeles County 2012-2017



205

frequent users experiencing homelessness moved into supportive housing (2012-2017)

90%

chronic medical conditions

77%

serious mental illnesses

60%

substance use disorders

76%

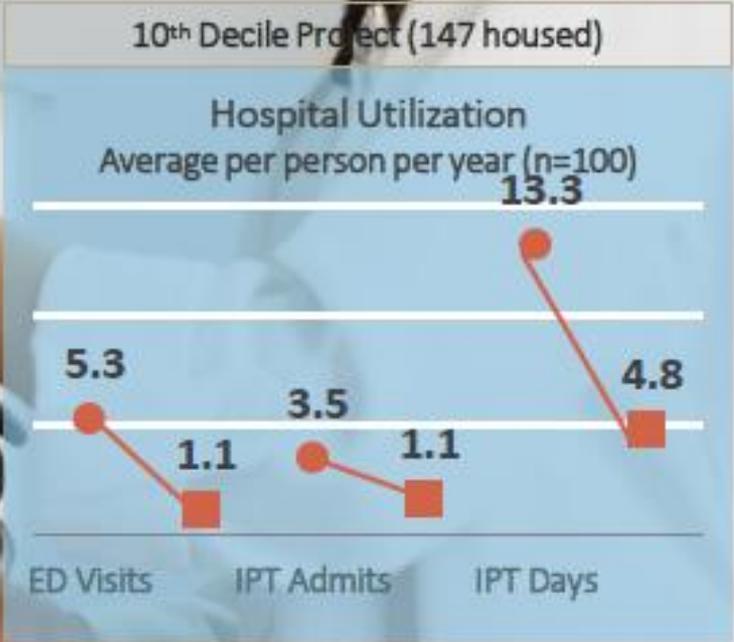
2+ chronic conditions

37%

tri-morbidities

Hospital Utilization

66%



- 12 mos. prior (baseline)
- 12 mos. in 10th Decile Project

ED utilization down 79%
Hospital readmissions down 66%
Inpatient days down 64%

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65%

est. decrease in hospital costs after 12 months in supportive housing

\$86,000

est. cost avoidance per participant over three years (on average) in supportive housing

\$16 million

est. FUSE / 10th Decile Project total hospital cost avoidance to date

About the Bronx Frequent User Initiative

Purpose

Understand unmet **health** and **housing** needs



High-cost, frequent users of Bronx health crisis system

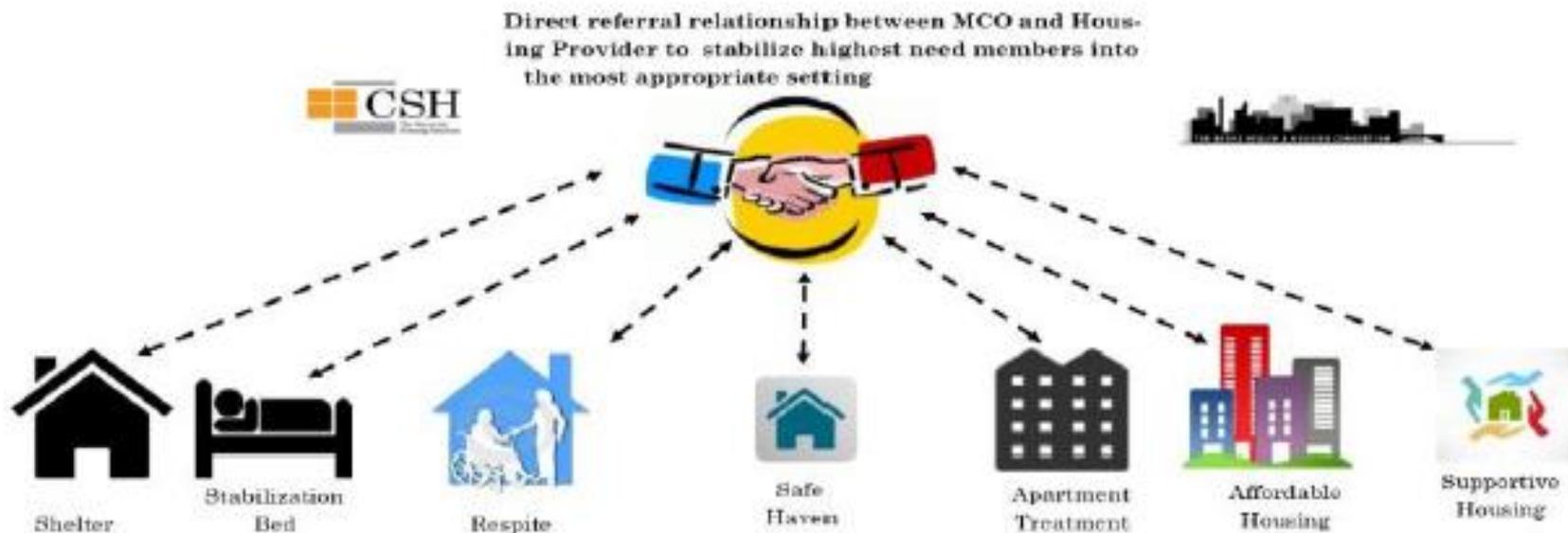
Analyze **costs** associated with **avoidable ER and IP use**, documented benefits of **supportive housing**



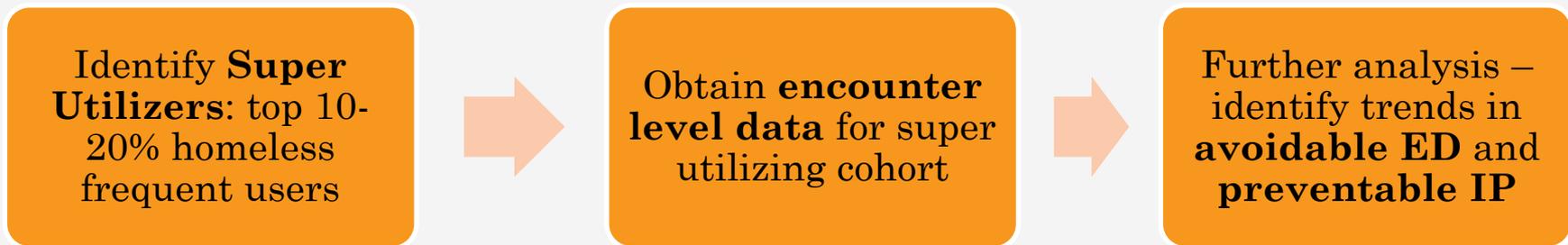
Goal

Provide the **evidence** to successfully engage payers to **invest** in prioritizing these targeted homeless high utilizers for a **supportive housing intervention**

Project Flow



The What?



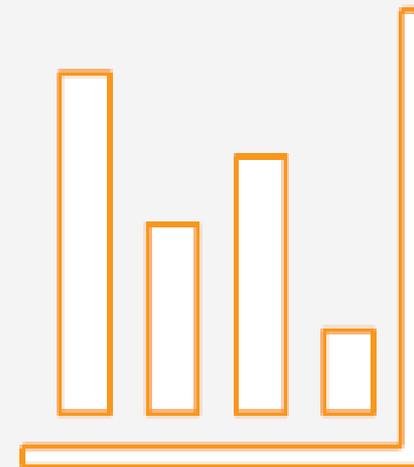
Preliminary Data Findings- CY 2016

Median # Visits/Costs:

- ED visits: 5
- ED cost: \$1,506.81
- IP stays: 6
- IP annual cost: \$124,242.73
- ED + IP visits: 12
 - Avg annual ED+IP: 37
- ED + IP cost: \$126,756.16
 - Avg annual cost of these high utilizers: \$186,129.05 (IP & ED)
- Median age at data capture: 44

In God we trust;
all others must bring data.

- William Edwards Deming -



New York's Medicaid Redesign Team Housing

BronxWorks and Fortune Society MRT Supportive Housing Pilots:

- 15 people with one year before and after housing Medicaid medical data (10 BW, 5 Fortune)
- BronxWorks Medicaid medical spending decreased 30% (12% savings including rent costs)
- Fortune Society Medicaid medical spending decreased 72% (49% including rent)
- Together, Medicaid medical spending decreased 48% from \$840,336 to \$435,344 (25% including rent)

Center for Innovation Using Data Intelligence

- A research/policy center located in the Office of the Mayor of the City of New York. CIDI reports directly to the Deputy Mayor for Health and Human Services
- CIDI conducts citywide interagency research to identify areas of service need in the City.
- CIDI fosters collaboration with all Health and Human Service agencies (e.g., Children's Services, Homeless Services, etc.) as well as other City agencies (e.g., New York City Housing Authority and Department of Education) to promote citywide policy change with the aims of improving the quality of services throughout the City of New York as well as to improve the effectiveness of NYC government. ***The vision of CIDI is to make data come alive to inspire change.***